

HEALTH / NUTRITION QUESTIONNAIRE

*for Breastfeeding / Postpartum
Women*



Name_____ Age_____

Today's Date_____

1) Who is your doctor?

2) Did you have any problems with this pregnancy or delivery?

___Yes ___No

If yes, please describe: _____

3) Did you have a C-section? ___Yes ___No

4) How much weight did you gain during this pregnancy?

_____ pounds

5) How many times have you been pregnant, not counting this pregnancy? ____

6) If you were pregnant before this pregnancy, when did your
last pregnancy end? _____

7) How is your appetite?

___Good ___Fair ___Poor

- 8) Do you have any health problems now, or did you have any before you became pregnant?

☐ Yes ☐ No

If yes, please explain _____

- 9) Do you have problems with tooth decay or bleeding gums?

☐ Yes ☐ No

If yes, have you seen a dentist? ☐ Yes ☐ No

- 10) Please check any of the services you receive now:

☐ TANF ☐ Medicaid ☐ Food Stamps ☐ SSI

- 11) Has your doctor told you to follow a certain diet?

☐ Yes ☐ No

If yes, please describe _____

Are you limiting the amount of food you eat so you can lose weight?

☐ Yes ☐ No

- 12) Are there any foods you cannot eat because they cause you problems? ☐ Yes ☐ No

If yes, which foods? _____

- 13) Do you take any of the following?

Vitamins ☐ Yes ☐ No

What kind? _____

How often? _____

Herbs (including teas, mixtures): ☐ Yes ☐ No

What kind? _____

How often? _____

Medicine (any kind): ☐ Yes ☐ No

What kind? _____

How often? _____

- 14) Are you ever hungry because you don't have enough money to buy food? ___Yes ___No
- 15) What kinds of physical activities do you like to do (such as walk, ride a bike, swim, garden)?

- 16) Do you smoke? ___Yes ___No
If no, did you recently quit? ___Yes ___No
- 17) Do you live or work with people who smoke around you?
 ___Yes ___No
- 18) How often do you drink alcohol?
 ___ every day ___ less than once a month
 ___ once or twice a month ___ never
 ___ few times a week
- 19) Do you live in a home built before 1978 that has peeling or chipping paint?
 ___Yes ___No
- Do you live in a home built before 1978 that is being remodeled? ___Yes ___No

Formula Feeding Mothers

Please answer these questions

- 20) How do you mix the formula for your baby?
 ___ ounces concentrated formula + ___ ounces water
or ___ scoops powdered formula + ___ ounces water
- 21) What do you do with a bottle of formula if the baby does not finish it?

Breastfeeding Mothers: Please answer these questions:

22) How is breastfeeding going for you and your baby?

☐ Great ☐ It's ok

☐ I need help

23) How can WIC help you?

☐ I need to know if I'm doing it right

☐ I need to know what to expect with breastfeeding in the next
few months

☐ Other (specify) _____

24) How often do you breastfeed your baby?

How many wet diapers do you change every day?

How many bowel movements does your baby have
every day? _____

25) Has your baby been weighed since leaving the hospital?

☐ Yes ☐ No

If yes, what did your baby weigh the last time he/she was weighed?

_____pounds _____ounces

Date baby was weighed: _____

Thank you for helping us serve you better.

Let our WIC staff know if you have any questions.

Food Questionnaire – Children and Women

Your(your child's) name _____

Directions: Check how often you or your child eats any of the foods in each group.

Number of times eaten

FOOD	(0) seldom never	(1) 1-2 times a week	(2) 3-6 times a week	(3) once a day	(4) more than once a day	WIC Staff use
<u>Group A</u> 1. Brewed regular coffee or tea cola with caffeine, Mountain Dew	1	1	1	1	1	_____ (=4)
<u>Group B</u> 2. Beer, wine, wine cooler, mixed drinks	1	1	1	1	1	_____ (≥1)
<u>Group C</u> 3. KoolAid®, fruit drinks, soda 4. Hamburger, hotdogs, fried chicken 5. Bologna, ham, sausage, bacon, pepperoni 6. French Fries, chips 7. Donuts, cake, pie, cookies candy, ice cream	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	1 1 1 1 1	_____ (≥4)
<u>Group D</u> 8. Milk, cheese, yogurt, pudding	1	1	1	1	1	_____ (≤3)
<u>Group E</u> 9. Chicken, turkey, beef, pork, veal, deer, moose, fish, egg 10. Beans, lentils, peanut butter, nuts, tofu	1 1	1 1	1 1	1 1	1 1	_____ (≤4)
<u>Group F</u> 11. Fruit: fresh, frozen, canned 12. Vegetables: fresh, frozen, canned 13. Fruit juice	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1	_____ (≤9)
<u>Group G</u> 14. Bread, bagels, rolls, tortillas 15. Pasta, noodles, rice 16. Cereal, muffins, pancakes 17. Crackers, other grains	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	1 1 1 1	_____ (≤12)

State of Maine WIC Program

Food Record

Your (your child's) name _____ Date _____

Directions: List all the food and drinks eaten on one day. Be sure to pick a usual day.

[illegible]

Nutritionist's comments: Svgs/d eaten: _____ Dairy _____ Protein _____ Vegetable _____ Fruit _____ Grains

<i>WIC Staff Use:</i>	Client's status:	CH1	CH2	CH3	PGT	PGW	BF	PP
-----------------------	------------------	-----	-----	-----	-----	-----	----	----

Evaluated by: _____ Date: _____

(MWIC 045 rev.'98)